

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 27.2  
TITLE: DERMATOLOGICAL PROCEDURES

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AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)(19)(56)(82)(84)(85)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(xiv)

TRICARE POLICY MANUAL: Chapter 1, Section 24.1

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### I. EFFECTIVE DATE

April 13, 1983

### II. PROCEDURE CODE(S)

96900-96999

### III. DESCRIPTION

The diagnosis and treatment of skin disorders.

### IV. POLICY

Unless otherwise limited or excluded, dermatological services and supplies are covered for the treatment of a covered condition.

### V. POLICY CONSIDERATIONS

A. Medically appropriate treatment for acne is a covered benefit.

B. For coverage of phototherapy and photochemotherapy (PUVA) (see [Chapter 2, Section 30.11](#), *Phototherapy and Photochemotherapy (PUVA)*).

C. Dermabrasion is covered on a limited basis (see [Chapter 2, Section 27.5](#), *Dermabrasion*).

D. Topical treatment for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events may be covered when there is evidence of impaired function.

## VI. EXCLUSIONS

A. Any services and supplies (to include prescription medications) performed for elective correction of minor dermatological blemishes and marks of anatomical anomalies for psychological reasons or as a result of the aging process.

B. Chemical peeling (exfoliation) is not covered for the following:

1. Treatment for the removal of facial wrinkles. [38 CFR 17.272(a)(85)]
2. Treatment of acne or for acne scar removal.

C. Salabrasion.

D. Cryotherapy for the treatment of acne.

E. Skin bleaching agents (e.g., Benoquin, Eldoquin, Melanex, Eldopaque, Procelana with sunscreen, and Solaquin).

**\*END OF POLICY\***